

**Application Data Sheet**  
**Under 37 C.F.R. § 1.76**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

SYSTEM AND METHOD FOR PROVIDING A  
GENERIC USER INTERFACE TESTING  
FRAMEWORK

Attorney Docket Number:: BEAS-01512US0

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Dan  
**Middle Name::**  
**Family Name::** Seeman  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 235 Montgomery Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94111

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** China  
**Status::** Full Capacity

**Given Name::** Zhibin  
**Middle Name::**  
**Family Name::** Wang  
**Name Suffix::**  
**City of Residence::** Woburn  
**State or Province of Residence::** MA  
**Country of Residence::** US  
**Street of mailing address::** 2315 North First Street

City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95131

## Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800  
Fax Number: 415-362-2928  
E-Mail address:: [officeactions@fdml.com](mailto:officeactions@fdml.com)

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)		

## Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## Assignee Information

**Assignee name::** BEA SYSTEMS, INC.  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131